DR 2635 (08/02/07)
COLORADO DEPARTMENT OF REVENUE
AUTO INDUSTRY DIVISION
DENVER CO 80261-0016

(303) 205-5604

MANUFACTURER/DISTRIBUTOR LICENSE APPLICATION

30

All applicants must complete this application and submit with the appropriate fee to the above address.

Manufacturer and distributor applicants must provide the following:

MANUFACTURER DISTRIBUTOR All written warranties or a statement that none are provided. All written warranties or a statement that none are provided. A certified copy of the standard written agreement with dealers. A certified copy of the standard written agreement with dealers. A copy of the delivery and preparation obligations of dealers. A copy of the delivery and preparation obligations of dealers. A copy of the manufacturer's certificate of origin (MCO). A copy of the manufacturer's certificate of origin (MCO). Distributor agreement with the manufacturer. A DR 4679 for all individuals or partners. A copy of verifiable ID to prove lawful presence for all individuals Name of manufacturer. Colorado manufacturer license number. A copy of statement of foreign authority which has been filed with A DR 4679 for all individuals or partners. the Colorado Secretary of State's office. A copy of verifiable ID to prove lawful presence for all individuals or partners. Visit the Colorado Secretary of State's Web site at A copy of statement of foreign authority authority which has been filed with http://www.sos.state.co.us the Colorado Secretary of States office. Manufacturers and Distributors must provide immediate notification to the Auto Industry Division of the appointment and/or termination of franchised dealers as well as the addition of new makes. Check One: Manufacturer (2540) Distributor (2544) ☐ Powersport Vehicle Manufacturer (2610) Powersport Vehicle Distributor (2612) ☐ Corporation ` Individual Limited Liability Partnership Check One: Partnership Limited Liability Company Name of Applicant (Individual/Partners/Corporation/LLC/LLP) Federal ID Number Colorado Manufacturer Number Trade Name **Business Phone** Fax Number **Business Street Address** State ZIP City ZIP Mailing Address (if different) State FAX Number Name of Contact Person Telephone Number List all owners, partners, members, or stockholders and their percentage of ownership in the business (must equal 100%.) Attach additional paper if necessary. Date of Birth Home Address (Street, City, State, ZIP) Social Security # Home Phone | % Owned Type of Vehicles Manufactued or Distributed in Colorado: Car Truck Motorcycle Motor Home Trailer Dirtbike All Terrain Vehicle Snowmobiles Personal Watercraft
Other (name and description) Make of Vehicle Manufactured or Distributed in Colorado Name and Dealer License Numbers of Colorado Dealers Authorized to Sell Your Motor Vehicles/Powersports Vehicle ONLY ANSWER IF YOU MANUFACTURE/DISTRIBUTE ATV'S. Do the all terrain vehicles you manufacture/distribute meet the American National Standards Institute/Specialty Vehicle Institute of America 2001 standards for four wheel all terrain vehicles equipment configuration and performance requirements? no Can each individual or partner provide proof of lawful US presence? yes Please review emergency rules in order to understand what constitutes "Proof of Lawful Presence." www.revenue.state.co.us/dlr/home.asp I hereby appoint the following as my true and lawful agent for the service of process in the State of Colorado in any action which may be hereafter commenced against me on any claim for damages alleged to have been suffered by any person by reason of the violation of any of the terms and provisions of Article 6, Title 12, C.R.S. (The administrator of the Department of Revenue, State of Colorado may be appointed as the agent for service of process in the State of Colorado.) Name Telephone Number City Address State **All Applicants** I declare under penalty of perjury in the second degree that the statements made on this application are true and complete to the best of my knowledge and that I have authority as the owner, a member of the copartnership or as an agent of the corporation to sign this application. Signature Make check payable to: COLORADO DEPARTMENT OF REVENUE Fee Submitted \$ Department's Action Manufacturer Number Date Issued Fee Submitted FOR OFFICIAL ☐ Approved ☐ Denied **USE ONLY**